

BR

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: Chief of Criminal Appeals Illinois Attorney General's Office 100 West Randolph Street 12th Floor Chicago, IL 60601		B. Received by (Printed Name) C. Date of Delivery 	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		RECEIVED FEB 11 2008	
		Service Type <input type="checkbox"/> Certified Mail with Return Receipt for Merchandise <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 0100 0001 7313 6706	
PS Form 3811, February 2004		Domestic Return Receipt	
		102596-02-M-1540	

FILED

FEB 20 2008 YM
FEB 20, 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT